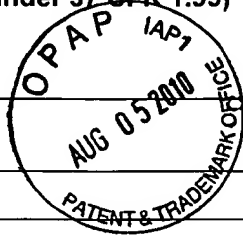


**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

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Examiner Name	Aaron N. Strange
Attorney Docket Number	1400-1072D1

**EXAMINER SIGNATURE**

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through a citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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